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## BIB DATA SHEET

CONFIRMATION NO. 1168

<b>SERIAL NUMBER</b> 10/775,346	<b>FILING or 371(c) DATE</b> 02/10/2004 <b>RULE</b>	<b>CLASS</b> 705	<b>GROUP ART UNIT</b> 3686	<b>ATTORNEY DOCKET NO.</b> pcs-1		
<b>APPLICANTS</b> Robert Gary Stein, Marblehead, MA; Paul John Brusil, Beverly, MA; Nancy Roguski Brusil, Beverly, MA; <b>** CONTINUING DATA *****</b> This appln claims benefit of 60/446,638 02/11/2003 <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b> 05/07/2004						
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and Acknowledged <u>/MICHELLE LE/</u> Examiner's Signature		<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWINGS</b> 9	<b>TOTAL CLAIMS</b> 46	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> Ralph D. Gelling 3 Pickwick Way Wayland, MA 01778 UNITED STATES						
<b>TITLE</b> System and method for processing health care insurance claims						
<b>FILING FEE RECEIVED</b> 619	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees			
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